Substitute for form 1449B/PTO				Complete if Known		
				Application Number	10/575,880	
INFO	RMATION DIS	CLOS	SURE	Filing Date	April 14, 2006	
STAT	EMENT BY A	PPLIC	ANT	First Named Inventor	Decugis, Guillaume	
				Art Unit	Unassigned	
(Use as many sheets as necessary)				Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	022395-100110US	

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Examiner Initials*	Cite No.1	Document Number Number Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner		Date	
Signature	·	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.